

**FORMAT and FILE SPECIFICATIONS  
for  
MIRCaI ONLINE TRANSMISSION:  
INPATIENT DATA**

**Effective with discharges occurring on or after July 1, 2008**

**Revised March 20, 2008**



Medical Information Reporting for California

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# **INPATIENT FORMAT FILE AND SPECIFICATIONS FOR ONLINE TRANSMISSION**

## **MINIMUM PC CONFIGURATION**

1. Access to a personal computer (with the following minimum configuration)
  - 300MHz processor, 64 MB RAM, 4 GB hard drive (at least 500MB free)
  - High speed Internet connection (preferred) or 56k modem or faster
  - Microsoft Internet Explorer version 5.0 (or higher) with 128-bit Secure Socket Layer (SSL)
  - Adobe Acrobat Reader version 4.0 (or higher)
  - Virus Checking Software
  - File Compression Program MIRCAl accepts files that are 3MB or less. Data files over 3MB must be compressed in order to be accepted by MIRCAl.
2. Internet access (ISP)
3. E-mail

## **STANDARD RECORD FORMAT**

Deviation from the format will not be accepted

- One reporting facility and time period per file
- Standard ASCII character coding
- Record length 670 characters followed by a carriage return and line feed

## **ADDITIONAL REQUIREMENTS**

- No packed or binary data
- No Null Values
- The data file must be a text file with the extension of ".txt" (if zipped, submit the zipped file with a ".zip" extension)

## **FILE COMPRESSION**

Data files may be compressed (zipped) to speed up the file uploading time. The following compression applications are supported and can be obtained from the manufacturer's website:

- gzip
- Pkzip
- Winzip

# INPATIENT FORMAT FILE AND SPECIFICATIONS FOR ONLINE TRANSMISSION

## Standard Record Format

<u>Data Element</u>	<u>Start</u>	<u>End</u>	<u>Type &amp; Size</u> <sup>1</sup>
Type of Care	1	1	N (1)
Facility Identification Number	2	7	N (6)
Date of Birth	8	15	N (8)
Sex	16	16	N (1)
Race			
Ethnicity	17	17	N (1)
Race	18	18	N (1)
ZIP Code	19	23	A/N (5)
Admission Date	24	31	N (8)
Source of Admission			
Site	32	32	N (1)
Licensure of Site	33	33	N (1)
Route of Admission	34	34	N (1)
Type of Admission	35	35	N (1)
Discharge Date	36	43	N (8)
Principal Diagnosis	44	50	A/N (7) <sup>2</sup>
Present on Admission for Principal Diagnosis	51	51	A/N (1)
Other Diagnoses and Present on Admission	52	243	A/N (192) <sup>2</sup>
These are in pairs:			
Up to 24 Other Diagnoses, each with 7 A/N characters and			
Up to 24 Present on Admission Indicators each with 1 A/N character:			
24 x 7 = 168 and 24 X 1 = 24			
Total number of spaces: 168 + 24 = <b>192</b>			
Principal Procedure Code	244	250	A/N (7) <sup>3</sup>
Principal Procedure Date	251	258	N (8)
Other Procedure Codes and			
Other Procedures Dates	259	558	N (300) <sup>3</sup>
These are in pairs:			
Up to 20 Other Procedure Codes, each with 7 A/N characters and			
Up to 20 Other Procedure Dates, each with 8 A/N character:			
20 x 7 = 140 and 20 X 8 = 160			
Total number of spaces: 140 + 160 = <b>300</b>			
Principal External Cause of Injury E-Code	559	565	A/N (7) <sup>4</sup>
Present on Admission for Principal External			
Cause of Injury E-Code	566	566	A/N (1)
Other External Cause of Injury E-Code and			
Present on Admission	567	598	A/N (32) <sup>4</sup>
These are in pairs:			
Up to 4 Other E-Codes, each with 7 A/N characters and			
Up to 4 Present on Admission Indicators each with 1 A/N character:			
4 x 7 = 28 and 4 X 1 = 4			
Total number of spaces: 28 + 4 = <b>32</b>			

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**INPATIENT FORMAT FILE AND SPECIFICATIONS  
FOR ONLINE TRANSMISSION**

**Standard Record Format**

<b><u>Data Element</u></b>	<b><u>Start</u></b>	<b><u>End</u></b>	<b><u>Type &amp; Size</u><sup>1</sup></b>
Patient's Social Security Number	599	607	N (9)
Disposition of Patient	608	609	N (2)
Total Charges	610	616	N (7)
Abstract Record Number	617	628	A/N (12)
Prehosp Care & Resuscitation-DNR Order	629	629	A (1)
Expected Source of Payment			
Payer Category	630	631	N (2)
Type of Coverage	632	632	N (1)
Plan Code Number	633	636	N (4)
National Provider ID	637	646	N (10)
Principal Language Spoken	647	670	A/N (24)

**Footnotes are on the next page**

# INPATIENT FORMAT FILE AND SPECIFICATIONS FOR ONLINE TRANSMISSION

## FOOTNOTES

<sup>1</sup>Type & Size indicate data type and length (in parentheses). Data type is defined as:

A = Alpha

N = Numeric

A/N = Alphanumeric

<sup>2</sup>Principal and Other Diagnosis fields allow for expansion to accommodate ICD-10-CM codes, which are 7 alphanumeric characters, without the decimal point. Until ICD-10-CM implementation, ICD-9-CM codes will be reported, and consist of 5 alphanumeric characters, without the decimal point, with the last two (2) positions space-filled.

<sup>3</sup> Principal and Other Procedure Code fields allow for expansion to accommodate ICD-10-PCS codes, which are 7 alphanumeric characters without the decimal point. Until ICD-10-PCS implementation, ICD-9-CM codes will be reported, and consist of 4 alphanumeric characters, without the decimal point, with the last three (3) positions space-filled.

<sup>4</sup> Principal and Other Cause of Injury E-Codes fields allow for expansion to accommodate ICD-10-CM codes, which are 7 alphanumeric characters, without the decimal point. Until ICD-10-PCS implementation, ICD-9-CM codes will be reported, and consist of 5 alphanumeric characters, without the decimal point, with the last two (2) positions space-filled.

## INPATIENT FORMAT FILE AND SPECIFICATIONS FOR ONLINE TRANSMISSION

### TYPE OF CARE

Record Position:	1
Data Length:	1
Data Type:	Numeric
Codes:	1 = Acute Care 3 = Skilled Nursing/Intermediate Care 4 = Psychiatric Care 5 = Chem Dependency Recovery Care 6 = Physical Rehabilitation Care

### FACILITY IDENTIFICATION NUMBER

Record Position:	2 through 7
Data Length:	6
Data Type:	Numeric
Codes:	Facility Identification Number (the unique facility number assigned by OSHPD). This field is required for each record.

### DATE OF BIRTH

Record Position:	8 through 15
Data Length:	8
Data Type:	Numeric
Codes:	<u>99</u> <u>99</u> <u>9999</u> Month    Day      Year
Special Instructions:	Single-digit months and days must include a preceding zero.

## INPATIENT FORMAT FILE AND SPECIFICATIONS FOR ONLINE TRANSMISSION

### SEX

Record Position:	16
Data Length:	1
Data Type:	Numeric
Codes:	1 = Male 2 = Female 3 = Other 4 = Unknown

### RACE

#### ETHNICITY

Record Position:	17
Data Length:	1
Data Type:	Numeric
Codes:	1 = Hispanic 2 = Non-Hispanic 3 = Unknown

#### RACE

Record Position:	18
Data Length:	1
Data Type:	Numeric
Codes:	1 = White 2 = Black 3 = Native American/Eskimo/Aleut 4 = Asian/Pacific Islander 5 = Other 6 = Unknown

## INPATIENT FORMAT FILE AND SPECIFICATIONS FOR ONLINE TRANSMISSION

### ZIP CODE

Record Position: 19 through 23  
Data Length: 5  
Data Type: Alphanumeric  
Codes: 5-digit ZIP Code  
XXXXX = Unknown  
YYYYY = Foreign  
ZZZZZ = Homeless

### ADMISSION DATE

Record Position: 24 through 31  
Data Length: 8  
Data Type: Numeric  
Codes: 99 99 9999  
Month Day Year

Special Instructions: Single-digit months and days must include a preceding zero.

### SOURCE OF ADMISSION

#### SITE

Record Position: 32  
Data Length: 1  
Data Type: Numeric  
Codes: 1 = Home  
2 = Residential Care Facility  
3 = Ambulatory Surgery  
4 = Skilled Nursing/Intermediate Care  
5 = Acute (Inpatient) Hospital Care  
6 = Other (Inpatient) Hospital Care  
7 = Newborn  
8 = Prison/Jail  
9 = Other



## INPATIENT FORMAT FILE AND SPECIFICATIONS FOR ONLINE TRANSMISSION

### SOURCE OF ADMISSION (CONTINUED)

#### LICENSURE OF SITE

Record Position:	33
Data Length:	1
Data Type:	Numeric
Codes:	1 = This Hospital 2 = Another Hospital 3 = Not a Hospital

#### ROUTE OF ADMISSION

Record Position:	34
Data Length:	1
Data Type:	Numeric
Codes:	1 = Your Emergency Room 2 = Not Your Emergency Room

### TYPE OF ADMISSION

Record Position:	35
Data Length:	1
Data Type:	Numeric
Codes:	1 = Scheduled 2 = Unscheduled 3 = Infant, under 24 hrs old 4 = Unknown

### DISCHARGE DATE

Record Position:	36 through 43
Data Length:	8
Data Type:	Numeric
Codes:	<u>99</u> <u>99</u> <u>9999</u> Month    Day    Year

Special Instructions:	Single-digit months and days must include a preceding zero.
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## INPATIENT FORMAT FILE AND SPECIFICATIONS FOR ONLINE TRANSMISSION

### PRINCIPAL DIAGNOSIS

Record Position:	44 through 50
Data Length:	7 (Allows for future reporting of ICD-10-CM)
Data Type:	Alphanumeric
Codes:	International Classification of Diseases, 9 <sup>th</sup> Revision, Clinical Modification
Special Instructions:	The ICD-9-CM code must be left-justified and space-filled. Do not code the decimal point. Example: Code the diagnosis as '80521 '. (The last 2 positions are spaces.) Do not include E-codes or M-codes. The default value is all spaces.

### PRESENT ON ADMISSION (POA) for PRINCIPAL DIAGNOSIS

Record Position:	51
Data Length:	1
Data Type:	Alphanumeric
Codes:	Y = Yes N = No U = Unknown W = Clinically undetermined ' ' (blank) = Code is exempt from POA reporting
Special Instructions:	When there is an exempt diagnosis code, the value for POA is a space.

### OTHER DIAGNOSES AND PRESENT ON ADMISSION

#### OTHER DIAGNOSES

Record Position:	For each Other Diagnosis field: 52-58; 60-66; 68-74; 76-82; 84-90; 92-98; 100-106; 108-114; 116-122; 124-130; 132-138; 140-146; 148-154; 156-162; 164-170; 172-178; 180-186; 188-194; 196-202; 204-210; 212-218; 220-226; 228-234; and 236-242 Maximum of 24 Other Diagnosis fields, ending in position 242
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## INPATIENT FORMAT FILE AND SPECIFICATIONS FOR ONLINE TRANSMISSION

### OTHER DIAGNOSES (CONTINUED)

Data Length: 7 (Allows for future reporting of ICD-10-CM)  
Data Type: Alphanumeric  
Codes: International Classification of Diseases, 9<sup>th</sup> Revision,  
Clinical Modification

Special Instructions: The ICD-9-CM code must be left-justified and space-filled. Fill from the left-most position and **DO NOT** skip fields. Do not code the decimal point.  
Example: For position 52-58, code the diagnosis as '80521 '. (The last 2 positions are spaces.)  
Do not include E-codes or M-codes. The default value is all spaces.

### PRESENT ON ADMISSION FOR OTHER DIAGNOSES

Record Position: For each Other POA field:  
59, 67, 75, 83, 91, 99, 107, 115, 123, 131, 139, 147,  
155, 163, 171, 179, 187, 195, 203, 211, 219, 227,  
235, and 243  
Maximum of 24 Present on Admission fields ending  
in position 243

Data Length: 1  
Data Type: Alphanumeric  
Codes: Y = Yes  
N = No  
U = Unknown  
W = Clinically undetermined  
' ' (blank) = Exempt from POA reporting

Special Instructions: When there is an exempt diagnosis code, the value for POA is a space.

## INPATIENT FORMAT FILE AND SPECIFICATIONS FOR ONLINE TRANSMISSION

### PRINCIPAL PROCEDURE

Record Position: 244-250  
Data Length: 7 (Allows for future reporting of ICD-10-PCS)  
Data Type: Alphanumeric  
Codes: International Classification of Diseases, 9<sup>th</sup> Revision,  
Clinical Modification

Special Instructions: The Principal Procedure Code must be left-justified and space-filled. Do not code the decimal point.  
Example: Code the procedure as '0523 '. (The last 3 positions are spaces.)  
When there is no Principal Procedure, the default value is all spaces.

### PRINCIPAL PROCEDURE DATE

Record Position: 251-258  
Data Length: 8  
Data Type: Numeric  
Codes: 99      99      9999  
Month      Day      Year

Special Instructions: Single-digit months and days must include a preceding zero. When there is no Principal Procedure, the default value is all spaces.

## INPATIENT FORMAT FILE AND SPECIFICATIONS FOR ONLINE TRANSMISSION

### OTHER PROCEDURES AND DATES

#### OTHER PROCEDURE CODES

Record Position:	For each Other Procedure field: 259-265; 274-280; 289-295; 304-310; 319-325; 334-340; 349-355; 364-370; 379-385; 394-400; 409-415; 424-430; 439-445; 454-460; 469-475; 484-490; 499-505; 514-520; 529-535; and 544-550. Maximum of 20 Other Procedures, ending in position 550
Data Length:	7 (Allows for future reporting of ICD-10- PCS)
Data Type:	Alphanumeric
Codes:	International Classification of Diseases, 9 <sup>th</sup> Revision, Clinical Modification
Special Instructions:	Other Procedure Codes must be left-justified and space-filled. Fill from the left-most position and <b>DO NOT</b> skip fields. Do not code the decimal point. Example: In position 259-265, code the procedure as '0523 '. (The last 3 positions are spaces.) When there are no Other Procedures, the default value is all spaces.

#### OTHER PROCEDURE DATES

Record Position:	For Other Procedure Date fields: 266-273; 281-288; 296-303; 311-318; 326-333; 341- 348; 356-363; 371-378; 386-393; 401-408; 416-423; 431-438; 446-453; 461-468; 476-483; 491-498; 506-513; 521-528; 536-543; and 551-558 Maximum of 20 Other Procedure Dates, ending in position 558
Data Length:	8
Data Type:	Numeric
Codes:	<u>99</u> <u>99</u> <u>9999</u> Month    Day    Year
Special Instructions:	Single-digit months and days must include a preceding zero. When there are no Other Procedures, the default value is all spaces.

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## INPATIENT FORMAT FILE AND SPECIFICATIONS FOR ONLINE TRANSMISSION

### PRINCIPAL EXTERNAL CAUSE OF INJURY E-CODE

Record Position:	559 through 565
Data Length:	7 (Allows for future reporting of ICD-10-CM)
Data Type:	Alphanumeric
Codes:	International Classification of Diseases, 9 <sup>th</sup> Revision, Clinical Modification
Special Instructions	<p>The ICD-9-CM code must be left-justified and space-filled. Code the 'E' on the file, but do not code the decimal point.</p> <p>Example: Code the cause of injury as 'E8799 '. (The last 2 positions are spaces.)</p> <p>When there is no Principal E-Code, the default value is all spaces.</p>

### PRESENT ON ADMISSION FOR PRINCIPAL EXTERNAL CAUSE OF INJURY E-CODE

Record Position:	566
Data Length:	1
Data Type:	Alphanumeric
Codes:	Y = Yes N = No U = Unknown W = Clinically undetermined ' ' (blank) = Exempt from POA reporting
Special Instructions:	When there is an exempt E-code, the value is a space.

### OTHER EXTERNAL CAUSE OF INJURY E-CODE & PRESENT ON ADMISSION

#### OTHER EXTERNAL CAUSE OF INJURY E-CODE

Record Position:	For each Other Cause of Injury E-Code: 567-573; 575-581; 583-589; 591-597 Maximum of 4 Other E-Code fields, ending in position 597
Data Length:	7 (Allows for future reporting of ICD-10-CM)
Data Type:	Alphanumeric
Codes:	International Classification of Diseases, 9 <sup>th</sup> Revision, Clinical Modification

**Effective with discharges occurring on or after 7/1/2008**

## INPATIENT FORMAT FILE AND SPECIFICATIONS FOR ONLINE TRANSMISSION

### OTHER EXTERNAL CAUSE OF INJURY E-CODE (CONTINUED)

Special Instructions: The ICD-9-CM code must be left-justified and space-filled. Code the "E" on the file, but do not code the decimal point.  
Example: In field 567-573, code as 'E8799 '. (The last 2 positions are spaces.)  
When there are no Other E-Codes, the default value is all spaces.

#### PRESENT ON ADMISSION FOR OTHER EXTERNAL CAUSE OF INJURY E-CODE

Record Position: For each Other POA field:  
574, 582, 590, 598  
Maximum of 4 POA fields, ending in position 598

Data Length: 1

Data Type: Alphanumeric

Codes: Y = Yes  
N = No  
U = Unknown  
W = Clinically undetermined  
' ' (blank) = Exempt from POA reporting

Special Instructions: When there is an exempt E-code, the value is a space.

### PATIENT'S SOCIAL SECURITY NUMBER

Record Position: 599 through 607

Data Length: 9

Data Type: Numeric

Codes: Enter the full 9-digit SSN including zeros. **DO NOT** code hyphens. Enter 000000001 (Unknown) if the SSN is not recorded in the patient's medical record.

**INPATIENT FORMAT FILE AND SPECIFICATIONS  
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**DISPOSITION OF PATIENT**

Record Position:	608 through 609
Data Length:	2
Data Type:	Numeric
Codes:	01 - Routine Discharge
	02 - Acute Care within This Hospital
	03 - Other Type of Hospital Care within this Hospital (Psych, Chem Dep, Physical Rehab)
	04 - Skilled Nursing/Intermediate Care within This Hospital
	05 - Acute Care at Another Hospital
	06 - Other Type of Hospital Care at Another Hospital (Not Skilled Nursing/Intermediate Care)
	07 - Skilled Nursing/Intermediate Care Elsewhere
	08 - Residential Care Facility
	09 - Prison/Jail
	10 - Against Medical Advice
	11 - Died
	12 - Home Health Service
	13 - Other
Special Instructions:	Single digit values must include a preceding zero.



## INPATIENT FORMAT FILE AND SPECIFICATIONS FOR ONLINE TRANSMISSION

### TOTAL CHARGES

Record Position:	610 through 616
Data Length:	7
Data Type:	Numeric
Codes:	Whole dollars only—no cents. Code 9999999 for Total Charges exceeding 7 positions.
Special Instructions:	Total Charges must be right-justified, zero-filled, and unsigned. The default value is all zeros.

### ABSTRACT RECORD NUMBER (OPTIONAL)

Record Position:	617 through 628
Data Length:	12
Data Type:	Alphanumeric
Code:	Optional medical record number or any patient identification number assigned by the facility.
Special Instructions:	The Abstract Record Number must be left-justified and space-filled. If not reported, the default value is all spaces.

### PREHOSPITAL CARE & RESUSCITATION - DNR ORDER

Record Position:	629
Data Length:	1
Data Type:	Alpha
Codes:	Y = Yes N = No

## INPATIENT FORMAT FILE AND SPECIFICATIONS FOR ONLINE TRANSMISSION

### EXPECTED SOURCE OF PAYMENT

#### PAYER CATEGORY

Record Position:	630 through 631
Data Length:	2
Data Type:	Numeric
Codes:	01 - Medicare 02 - Medi-Cal 03 - Private Coverage 04 - Workers' Compensation 05 - County Indigent Programs 06 - Other Government 07 - Other Indigent 08 - Self Pay 09 - Other Payer

Special Instructions: Single-digit codes must include a preceding zero.

#### TYPE OF COVERAGE

Record Position:	632
Data Length:	1
Data Type:	Numeric
Codes:	1 - Managed Care – Knox-Keene or Medi-Cal County Organized Health System 2 - Managed Care – Other 3 - Traditional Coverage

Special Instructions: Type of Coverage MUST be reported if Payer Category equals 01, 02, 03, 04, 05, or 06. If Payer Category equals 07, 08, or 09, then the default value is zero.

## INPATIENT FORMAT FILE AND SPECIFICATIONS FOR ONLINE TRANSMISSION

### EXPECTED SOURCE OF PAYMENT (CONTINUED)

#### PLAN CODE NUMBER

Record Position:	633 through 636
Data Length:	4
Data Type:	Numeric
Codes:	For a list of valid codes, refer to the Definitions of Data Elements – Expected Source of Payment, Section 97232 (3), of the California Inpatient Data Reporting Manual.
Special Instructions:	The Plan Code Number must be right-justified. The Plan Code Number MUST be reported if Type of Coverage equals 1. If Type of Coverage equals 2 or 3, then the default value is zero (0000).

### NATIONAL PROVIDER IDENTIFIER (NPI)

Record Position:	637 through 646
Data Length:	10
Data Type:	Numeric
Codes:	Assigned by the CMS National Plan and Provider Enumeration System (NPPES)
Special Instructions:	This is a placeholder for the National Provider Identifier. Facilities may report their NPI, but it is not required by OSHPD. The default value is all zeroes.

### PRINCIPAL LANGUAGE SPOKEN

Record Position:	647 through 670
Data Length:	24
Data Type:	Alphanumeric
Codes:	Refer to Section 97234, of the California Inpatient Data Reporting Manual for a list of valid codes.
Special Instructions:	To be reported on discharges occurring on or after January 1, 2009. This is a free-text field. Enter either one 3-digit value, or if the Principal Language Spoken is not one of the codes listed in the Reporting Manual, then enter the Principal Language Spoken, up to 24 characters. The default value is all spaces.

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